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## BIB DATA SHEET

CONFIRMATION NO. 1955

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS   | GROUP ART UNIT                            | ATTORNEY DOCKET<br>NO.                                       |                                   |  |
|---|---|---|---|--|-----------------------------------|--|
| 10/561,173  | 12/16/2005  | 514   | 1617                                      | 065691-0423  |                                   |  |
| <b>RULE</b>   |   |   |   |  |                                   |  |
| <b>APPLICANTS</b><br>Philippe Msika, Versailles, FRANCE;<br>Antoine Piccirilli, Versailles, FRANCE;<br>Nathalie Piccardi, Arceau, FRANCE;   |   |   |   |  |                                   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR04/01504 06/17/2004   |   |   |   |  |                                   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 03/07333 06/18/2003  |   |   |   |  |                                   |  |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/02/2006  |   |   |   |  |                                   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   | <input type="checkbox"/> Met after<br>Allowance | <b>STATE OR<br/>COUNTRY</b><br><br>FRANCE | <b>SHEETS<br/>DRAWINGS</b><br><br>2                          | <b>TOTAL<br/>CLAIMS</b><br><br>18 | <b>INDEPENDENT<br/>CLAIMS</b><br><br>4 |
| 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |   |   |  |                                   |  |
| Verified and<br>/SAHAR<br>JAVANMARD/<br>Acknowledged  |   | Examiner's signature                            | Initials                                  |  |                                   |  |
| <b>ADDRESS</b><br>FOLEY AND LARDNER LLP<br>SUITE 500<br>3000 K STREET NW<br>WASHINGTON, DC 20007<br>UNITED STATES   |   |   |   |  |                                   |  |
| <b>TITLE</b><br>Cosmetic use of a composition containing at least one oxazoline, serving as an active substance, as a<br>slimming product and/or for preventing and/or treating cellulite |   |   |   |  |                                   |  |
| <b>FILING FEE<br/>RECEIVED</b><br>1100  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |   | <input type="checkbox"/> All Fees                            |                                   |  |
|   |   |   |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |                                   |  |
|   |   |   |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                                   |  |
|   |   |   |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |                                   |  |
|   |   |   |   | <input type="checkbox"/> Other _____                         |                                   |  |
|   |   |   | <input type="checkbox"/> Credit           |  |                                   |  |